



**Healthy Indiana Plan (HIP)
Physician Reimbursement Estimates (by procedure)**

Procedure code	Description	Reimbursement Rate
Office Visits (established patient)		
99213	Office Visit (established pt) – Moderate	\$66.58
99214	Office Visit (established pt) – Moderate/Advanced	\$98.86
99215	Office Visit (established pt) – Advanced	\$133.09
Office Visits (new patient)		
99203	Office Visit (new pt) – Moderate	\$98.91
99204	Office Visit (new pt) – Moderate/Advanced	\$152.31
Preventative Visits		
99395	Preventative Visit – 18+ Age	\$80.20
Emergency Room Physician Visit		
99281	ER Visit – Low Severity	\$20.13
99282	ER Visit – Low/Moderate Severity	\$39.14
99283	ER Visit – Moderate Severity	\$59.28
99284	ER Visit – Moderate/High Severity	\$111.65
99285	ER Visit – High Severity	\$163.87
Surgeries		
42820	Tonsil and Adenoid Procedure	\$283.00
43239	Upper Gastrointestinal Endoscopy (with biopsy)	\$329.50
45378	Colonoscopy (flexible/Diagnostic)	\$377.10
47562	Cholecystectomy	\$687.41
58670	Laparoscopy	\$349.60
66984	Cataract Removal	\$705.99
69436	Tympanostomy	\$156.86
Diagnostics		
70450 (26)	CT Scan Head/Brain (without contrast)	\$41.08
71020 (26)	Chest X – ray (2views)	\$10.61
72193 (26)	CT Scan Pelvis (with contrast)	\$56.45
74160 (26)	CT Scan Abdomin (with contrast)	\$61.82
76830 (26)	Pelvic/Transvaginal Ultrasound	\$33.49
76856 (26)	Non Obstetrical Pelvic Scan	\$33.49
80053	Metabolic Lab Panel	\$18.71
81025	Urine Pregnancy Test	\$11.36
85025	Complete Blood Count (CBC) Lab Test	\$13.96
Other		
97110	Physical Therapy Procedure (15 minutes)	\$28.83
95810 (26)	Sleep Study	\$122.43

*Fees listed reflect estimated contracted physician payments; hospital costs are excluded.

*Non contracted physician fees may exceed these costs.